IntegratedEthics: Closing the Ethics Quality Gap

VA: A Leader in Quality

VA has been increasingly recognized as a leader in quality health care. In 2003 the *New England Journal of Medicine* compared VA to Medicare on 11 measures of quality and found VA performed "significantly better" on all. More recently, the National Committee for Quality Assurance (NCQA) found that the VA system outperformed all other hospitals on each of its 17 quality measures. How has this enormous and unwieldy system with finite resources and an aging patient population managed to take the lead on health care quality? In part through visionary and committed leaders and staff who have developed standardized, innovative approaches to quality improvement. One example of that vision has been VA's integrated health information system. The Institute of Medicine acknowledges that VA's "integrated health information system, including its framework for using performance measures to improve quality is ... one of the best in the nation."

Improving Quality in Ethics

Today, almost every health care institution in the United States has an ethics committee or some other mechanism for addressing the difficult ethical issues that arise in patient care. But the same pressures that have prompted changes in quality and patient safety—tightening resources, more complex care delivery systems, older and sicker patients—also create new ethical challenges. Can the traditional ethics committee respond adequately to this shift? Not according to Arthur Caplan, PhD, Director of the Center for Bioethics at the University of Pennsylvania: "The traditional ethics committee model is reactive—too often it deals primarily with questions about end-of-life care in individual cases. In the current environment, ethics has to be proactive, ready to address a broad set of issues across a lifespan, and to do it with increasing resource constraints."

Frontline health care professionals, too, see a need for change. Gwen Gillespie, advanced practice nurse and ethics committee chair at the VA Medical Center in Cincinnati, Ohio, puts it this way: "Our staff is committed to ethical practices but we could definitely use some help. Health care is rapidly changing, for example, in the area of organizational ethics. Our ethics committee needs to change as well."

As the largest health care system in the United States, and a recognized leader in health care quality, VA is a natural laboratory for developing an innovative, systems-focused model to promote and improve ethical practices in health care.

An Ethics Quality Gap

As a first step, VA's National Center for Ethics in Health Care has collected data on the VA system to understand where there are gaps, or "opportunities for improvement." What did they find?

- VA employees think about health care ethics every day, and want additional educational resources and support to do their jobs better.

- Health care ethics programs across VA vary considerably in terms of their quality and effectiveness.

- Ethics committees in VA do not always focus their efforts on the ethics issues that leaders and clinicians believe are most important.

- Ethics programs often operate as "silos," instead of being well integrated into the organization's structure and hierarchy.

- Executives and managers are not always perceived as providing adequate support for health care ethics.

- Despite significant investments in staff time, few VA health care facilities rigorously evaluate the quality or effectiveness of their ethics activities.

These challenges are hardly unique to VA—they are typical of hospitals in the private sector.

A National Consensus

On a national level, a consensus is emerging about the need for a more systematic approach. Arthur Derse, MD, JD, Director for Medical and Legal Affairs at the Center for the Study of Bioethics at the Medical College of Wisconsin and President of the American Society for Bioethics and Humanities, calls for the development of tools that can be widely adopted: "Constrained resources mean we're limited in what we can do for patients. Therefore we need tools that create efficiencies of scale—policies, manuals, guidance on ethics consultation and how to handle difficult issues at a systems level—to alleviate the pressure on individual facilities to resolve these problems." Matthew Wynia, MD, MPH, Director of the Institute for Ethics at the American Medical Association, advocates applying principles of continuous quality improvement: "A systems approach holds a great deal of promise for improving the ethical culture of organizations. It's built on strong assumptions about organizations, that they are constantly in evolution, and amenable to change." Margaret O'Kane, President of NCQA, agrees: "Ethics programs need to set clear goals and then move toward them. They need a more systematic approach."

The Solution: IntegratedEthics

IntegratedEthics, a national education and organizational change initiative from VA's National Center for Ethics in Health Care, addresses the quality gaps documented in VA and elsewhere. Ellen Fox, MD, Ethics Center Director, describes the assumptions that guided the design of this initiative: "To be effective at promoting ethical health care practices, an ethics program has to do three things, and do them effectively: respond to ethics concerns on a case-by-case basis, address ethics issues on a systems level, and foster an environment that is conducive to ethical practice."

The IntegratedEthics initiative provides VA facilities with a variety of tools to help them carry out these activities through three core functions:

- Ethics consultation: responding to ethics concerns in health care
- Preventive ethics: addressing ethics issues on a systems level
- Ethical leadership: fostering a positive health care ethics environment

The first core function of IntegratedEthics is ethics consultation, which is widely accepted as a necessary part of health care delivery. Ethics consultation is needed to help patients, families, and staff resolve the complex ethics concerns that arise in health care delivery. IntegratedEthics provides facilities with training and resources to ensure that ethics consultation is of high quality.

The second core function of IntegratedEthics is preventive ethics. As Fox notes, "If we're serious about promoting ethical health care practices, it is not enough to focus on individual decisions and actions. We must also ensure that our systems and processes are designed to make it easy for people to do the right thing."

This can be achieved by identifying and addressing systemic organizational issues that give rise to ethics concerns. The IntegratedEthics materials guide facilities through a process that applies QI principles to identify systems problems, develop strategies to address those problems, and assess how well those strategies worked.

The third core function is ethical leadership. An organization's leaders play an essential role in fostering an overall environment and culture that supports ethical practice. According to Paul Schyve, MD, Senior Vice President for the Joint Commission on Accreditation of Healthcare Organizations, "Quality, safety, ethics—they're all dependent on the culture of an organization. That culture comes from the organization's leaders. Everything from talking about it, to rewarding it, to demonstrating it in their own behavior." Linda Treviño, PhD, of The Pennsylvania State University's Smeal College of Business, an expert on the management of ethical conduct in organizations, stresses: "the perceptions of leadership define the culture—not only what the leaders do themselves but also the behaviors they encourage, support, and don't tolerate in others." IntegratedEthics focuses on four critical leadership skills, or "compass points": demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility's local health care ethics program.

Measuring the Impact

Health care managers often suggest that "you can't manage what you can't measure." But as Wynia notes, "since ethics programs are relatively new, they are also relatively young in the quality improvement realm. One of the problems we've faced is that we don't always agree on what counts as high quality. We need good metrics to measure this." To address this need the IntegratedEthics initiative includes a variety of tools for assessing the quality and effectiveness of ethics programs—an important innovation in a field that has been criticized for a lack of accountability. These tools include an IntegratedEthics staff survey to assess organizational culture and ethical practices, as well as a facility workbook to assess the organization's health care ethics program.

A National Model

National leaders in health care quality and ethics agree on the importance of an integrated approach. Treviño notes that "the most effective programs are integrated into the organization's culture and the multiple systems, formal and informal, which make up that culture. The most ineffective are those that are limited to a formal program that employees see as disconnected from what's going on day to day." Schyve agrees that "we need to move away from ethics silos. We should have a broad range of stakeholders working together as a team in an effort to resolve ethics issues." Wynia underscores the importance of change: "Ethics structures are going to have to evolve along with the evolving health care system. The ethics of an organization permeates every structure, every committee. Integrating ethics through every structure in the organization will be critical to delivering health care that patients can rely on."

Derse sums up the potential of VA's IntegratedEthics initiative: "VA is a recognized leader in health care quality, patient safety—and now—health care ethics."

IntegratedEthics